



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT SETON SPECIALTY HOSPITAL - INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-2020

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$97648206
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$97648206</b>

2. Deductions From Revenue

Contractual Allowance	\$63247285
Other Deductions	\$103447
<b>Total Deductions</b>	<b>\$63350732</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$33344138
Other Operating Revenue	\$-553167
<b>Total Operating Revenue</b>	<b>\$32790971</b>

4. Operating Expenses

Salaries and Wages	\$10672790	Employee Benefits	\$2740659
Depreciation and Amortization	\$935988	Interest Expense	\$12897
Bad Debt	\$953336	Other Expenses	\$11151500
<b>Total Operating Expenses</b>	<b>\$26467170</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7277137	Total Assets	\$19574832
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$5468163

Total Net Gains	\$7277137
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$54615342	\$42361735	\$12253607
Medicaid	\$8280592	\$7702157	\$578435
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$34752272	\$13286840	\$21465432
Total	\$97648206	\$63350732	\$34297474

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$54440	\$-54440
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$55964	\$-55964

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	337
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$1092745
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$282804	
HCI Payments	\$0		
Subtotal	\$0	\$282804	\$-282804
Medicaid Shortfalls	\$437251	\$2143031	
Subtotal	\$437251	\$2425835	\$-1988584
DSH Payments	\$0		
Subtotal	\$437251	\$2425835	\$-1988584
Medicare Shortfalls	\$12357482	\$14134540	
Other Government Programs	\$0	\$0	
Total	\$12794733	\$16560375	\$-3765642

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$28514	\$-28514
Community Assessment	\$0	\$82338	\$-82338
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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